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## Child Development During the COVID-19 Pandemic

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# Child Development During the COVID-19 Pandemic

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Senior Capstone

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Douglas Honors College

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## Introduction

In January of 2020 the first case of COVID-19 was reported in the U.S. in Washington State (AJMC Staff, 2021). By March businesses, schools, and other public spaces nationwide were closed for a period of quarantine to try to curb the spread of the virus. Now, more than a year later, many businesses have closed permanently and many schools remain online. Unemployment rates reached an all-time high in April of 2020 (Falk, 2021) and many families struggle with housing and food costs. Women with children face challenges balancing child care with working from home and financial stress (Kantamneni, 2020). In these unprecedented times, little is known about the scope of the effect that such a major sociohistorical event will have on children and adolescents. In this paper I will be examining a child care program I worked for in the midst of the pandemic in comparison with similar programs and research to ascertain how best to facilitate healthy development and mitigate long-term effects both in the midst of a pandemic event and in the aftermath.

Not only have children been severely impacted by the pandemic, but marginalized groups and lower socioeconomic groups have also been impacted disproportionately: “times of crisis often reinforce and exacerbate disparities because resources are limited and people are fearful” (Kantamneni, 2020, p.1). The Journal of Pediatrics estimates that the pandemic may result in 42 to 66 million children globally living in extreme poverty (Yoshikawa, 2020). Infant mortality rates will also rise due to primary care resources being directed towards responding to the pandemic and financial stress on families preventing them from seeking medical care. On top of low-income families struggling with unemployment and housing loss, any health care costs are devastating and may deplete savings. Financial stress affects all aspects of these families’ lives and often leads to migration and family separations, which have a direct impact on children and

their development and education (Yoshikawa, 2020). Also, people experiencing poverty may lack access to clean water and hygiene products that increase their risk of getting and spreading COVID-19.

Children and adolescents experiencing the pandemic have faced so much change and uncertainty in such a short period of time, especially those who have lost loved ones to the virus, and in turn, there is a concern about their for the long-term mental health. It was observed in an article for JAMA Pediatrics that “Schools have long served as a de facto mental health system for many children and adolescents” (Golberstein, 2020, p.1). With nationwide closures, children lack the mental health support that schools would normally provide during a time when it is needed the most. Studies have been done on similar periods of economic hardships such as the Great Recession in 2007 and have found a direct link to behavioral problems and difficulties with self-efficacy among young children and adolescents (Benner, 2020). For all of these reasons, organizations such as childcare centers that have continued to serve children during the pandemic have an especially important role in supporting children and families.

### **Organization Background**

The nonprofit organization I will be analyzing is based in eastern Washington. For the purposes of this paper it will remain anonymous and be called Organization A. Organization A is a local nonprofit that was created to provide housing and resources for women and children who have experienced homelessness, addiction, and abuse. The organization’s goal is to promote self-sufficiency and stability to these families in a safe and nurturing environment. In recent years programs like job training and professional development have been added, along with a child care program. My job as an intern was to help run the summer program for the child care center. I was in charge of planning activities for the school-aged children (ages 7-11). Part of the reason

why a summer program was so necessary for this organization was to relieve some of the stress from the mothers who needed to work or search for jobs and could not afford child care and could not leave their small children unattended. There was a small group of children in regular attendance throughout the duration of the program.

### **Challenges During the COVID-19 Pandemic**

Devising a program that would entertain children for five hours a day was particularly challenging during a pandemic when many normal summer activities, such as swimming, were not possible. Most of the activities we did were outside. Some constraints were related to policies and protocols to prevent the spread of COVID-19, but some activities were also limited by a lack of funds for travel or paid activities. There was a park within walking distance of the child care center where the children would often go to play, and there was a local elementary school that provided free lunches for the summer.

The staff of the program also lacked training in trauma-informed education, which would have been especially useful for adjusting our response to best address the mental health needs of the children. It has been shown that children from a lower socioeconomic background are more likely to have adverse childhood experiences (ACEs), and “a child who grows up in poverty and deprivation has a higher long-term risk of negative health and well-being outcomes than a child who does not grow up in poverty” (Radcliff, 2019). The children participating in the program had experienced homelessness and came from low-income families which increased their ACE exposure. Therefore, it would have been highly beneficial for the staff to have training in trauma-informed methods of instruction.

One other challenge that we faced early on in the program was trying to get the children to follow COVID guidelines. Social distancing was not really enforced among the children. They

played together like normal a lot of the time, and they didn't wear masks at first, since Washington State only added the mask mandate for children mid-summer. Once the mask mandate was changed to include children, it was hard to get them to cooperate when for months they had been going without masks, and there were some adults in their lives who also refused to follow the mandates.

### **Conclusion and Recommendations**

With this in mind, programs like the one run by Organization A work twofold to help relieve stress on both children and their mothers. By providing free child care services, mothers have more time in their schedules to divert to other stressors such as employment or housing. The program also provides children with a steady environment and nutritious food every day, as well as social interaction apart from family that is critical for development and improving their social-emotional skills. During the pandemic, more funding needs to go towards programs like this one that help lower income families or programs that provide nutritional food to children out of school.

It is also important to address the mental health needs of children and adolescents. Trauma-informed programs in schools have shown to improve children's mental health (Phelps 2020). If more funding goes to schools to develop such programs and train staff properly, there is less of a chance for children to experience long-term effects from the pandemic. Trauma-informed policies and programs will also help students with adverse childhood experiences and continue to provide support for students even after the pandemic.

Some aspects of the program run by Organization A could also be improved upon. Awareness is key for nonprofit programs, both to attract participants and funding, and more advertisement about the program would have been extremely beneficial. The organization was

small, but there was a need for such programs in the community and many more children could have benefitted from attending. A page on the organization website or posters posted in highly trafficked areas are a couple of ways that could attract more participants. While the organization itself was created to serve women and children exclusively, families with two parents or single fathers could have also benefitted from the program.

With more funding invested in child care, nutrition, and mental health programs, especially for areas servicing lower income families and marginalized communities who have been disproportionately affected by the pandemic, some of our most vulnerable population will stand a better chance of recovering from the COVID-19 pandemic.

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